



**Office of Community and Economic Development
Economic Development Division
140 West Flagler Street, Suite 1100
Miami, Florida 33130-1561**

Office: (305) 375-4472

Fax: (305) 375-3585

<http://www.miamidade.gov/ced/>

COMMERCIAL REVITALIZATION PROGRAM

FY 2005

APPLICATION

*Please return original application and two copies.
Retain a copy for your files.*

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INTRODUCTION

This application was designed for the purpose of guiding and assisting the applicant in meeting the requirements necessary to apply for Community Development Block Grant (CDBG) funds allocated for the Commercial Revitalization Program.

The program guidelines have been added to this application for reference. The program is administered by the Office of Community and Economic Development (OCED). Any questions or interpretations of the guidelines must be directed to OCED Commercial Revitalization staff. We are located at 140 West Flagler Street, Suite 1100, Miami, Florida 33130. The telephone number is 305-375-4472 and the fax number is 305-375-3585.

The documents listed on the next two pages must be submitted with the application. Failure to submit the documentation may result in the disqualification of your project.

DOCUMENTATION TO BE PROVIDED

PART I

- ☐ **COMPLETED COMMERCIAL REVITALIZATION PROGRAM APPLICATION**
 The scope of the project must be clearly specified. No additional work will be permitted if it is not clearly identified in the contract. Feel free to use additional pages if necessary. Any work not permitted under the program guidelines will be deleted from the project.
- ☐ **PHOTOGRAPHS**
 The applicant must submit a minimum of four photographs of the building to be rehabilitated. It must show North, South, East and West sides of the property.
- ☐ **PROJECT ESTIMATE BREAKDOWN**
 A table example is included in the package. The estimate must be detailed by item and categories (electrical, plumbing, etc.) The estimate cost must include materials and labor. This estimate will be reviewed by the OCED staff. Any costs for work not permitted under the program guidelines will be deleted and subtracted from the total estimate amount.
- ☐ **PROOF OF OWNERSHIP OR COPIES OF LEASES**
 If the applicant is the business owner, he/she must provide copies of business ownership. If the applicant is a lease holder, he/she must provide copies of the lease agreement.
- ☐ **PROOF OF INSURANCE**
 The applicant must provide copies of all insurance policies for the business (Flood, Property, Wind and Hail, Fire, Contents, Liability and others).
- ☐ **COPY OF THE CURRENT CERTIFICATE OF USE AND OCCUPANCY (CO)**
 This document must match the applicant's name. Any discrepancies must be explained in a separate letter. An occupational license will not be available if the business is not operational at the time of rehabilitation. If this is the case, please explain in a separate letter.
- ☐ **PROPERTY TAX RECEIPT FOR THE CURRENT YEAR**
 You must prove that no taxes are owed to the County. A receipt from the County must be provided. The information will be subject to verification by OCED staff. Property tax is available online at miamidade.gov.
- ☐ **APPLICANT'S CORPORATE INCOME TAX RETURN FOR THE LAST TWO YEARS**
 Corporate applicants must provide copies of their income tax returns for the past two years. Individual applicant must show proof of Income Tax filing. If you filed for an IRS extension, you will need to submit the extension.

PART II

☐ **AFFIDAVIT 1 - PUBLIC BENEFIT CERTIFICATE**

Explain how the project represents a public benefit.

☐ **AFFIDAVIT 2 - JOB CREATION CERTIFICATION**

The applicant agrees to create a certain number of jobs as a direct result of the application of this grant.

☐ **AFFIDAVIT 3 – APPLICANT CONTRIBUTION CERTIFICATION**

This is the amount of funds the applicant must contribute. The required minimum is 10% of the approved OCED budget.

☐ **AFFIDAVIT 4 – AGREEMENT OF REIMBURSEMENT UPON THE EVENT OF SALE**

The property owner certifies that in the event the property is sold within five (5) years of receiving assistance, the County has the right to recapture grant funds on a declining percentage (e.g. within 1 year: 100%; 2 years: 80%; 3 years: 60%; 4 years: 40%; 5 years: 20%).

☐ **AFFIDAVIT 5 – AUTHORIZATION TO APPLY**

If the applicant is a lease holder, he/she must have the owner complete this Affidavit authorizing the rehabilitation of work to be performed on the owner's property.

Please contact the Commercial Revitalization staff to clarify any questions or concerns prior to submitting the application at:

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COMMONLY USED TERMS

<i>The County:</i>	Miami-Dade County.
<i>BCC:</i>	Miami-Dade Board of County Commissioners.
<i>OCED:</i>	Miami-Dade County, Office of Community and Economic Development.
<i>EDD:</i>	OCED, Economic Development Division.
<i>CRP:</i>	Commercial Revitalization Program.
<i>PSC:</i>	Project Selection Committee.
<i>The Unit:</i>	OCED, EDD, Commercial Revitalization Unit administering this program.
<i>The Program:</i>	Commercial Revitalization Program, FY 200__.
<i>Applicant:</i>	The owner or tenant of a commercial facility requesting this Program assistance with the consent and authorization of the other property contractual party.
<i>Owner or Project Owner:</i>	The awarded applicant.
<i>The Contract:</i>	County/Owner Contract under this Program.
<i>The Project:</i>	The commercial facility approved for funding.
<i>Bidder:</i>	Professional quoting for a Project work or portion of a Project work.
<i>Consultant:</i>	Architect, engineer or surveyor performing contracted services for the Project, under Owner's responsibility.
<i>Contractor:</i>	Contractors and/or subcontractors performing contracted construction work for the Project, under Owner's responsibility.
<i>A/O Contract:</i>	Architect/Owner Contract under the Program guidelines and procedures.
<i>C/O Contract:</i>	Contract/Owner Contract under the Program guidelines and procedures.
<i>Commercial Outlet or Space, Lessee Space, or</i>	The interior space in a commercial structure exclusively used for a commercial activity under contract.

Business Facility:

Property Subdivision: Separate ownership or tenant space within a commercial structure.

Façade: The exterior surface of the front walls or the storefronts of a commercial facility in a multi-store structure or in a freestanding commercial building selected for Program assistance.

Property Line: The line dividing the private property from the right of way or adjacent properties.

Open Space: The exterior open space in an urban lot occupied by a commercial structure.

Front Open Space: The exterior open space between the front façade and the front property line.

ADA: American with Disabilities Act.

Permitting: Approval process performed by Miami-Dade County or the Municipality's Building Departments.

Code: Miami-Dade County and Municipality's current Building Code.

OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT COMMERCIAL REVITALIZATION PROGRAM

GUIDELINES

The Commercial Revitalization Program (CRP), which is administered by Miami-Dade County's Office of Community and Economic Development, is a comprehensive approach to improve the physical and economic fabric of older commercial areas located in low and moderate-income neighborhoods. This multi-faceted program provides technical and financial assistance to property owners and merchants within specifically designated areas showing signs of decline. **Only commercial, for-profit businesses are eligible to apply.**

The following set of guidelines has been developed to establish minimum working parameters from which to evaluate projects wishing to take advantage of Miami-Dade County's Commercial Revitalization Program. Any deviation from these guidelines will require the approval and/or waiver of such requirements by the Board of County Commissioners.

CDBG NATIONAL OBJECTIVE REQUIREMENTS

To be eligible for Miami-Dade County's Commercial Revitalization Program, commercial properties for which funding is sought must be located in areas eligible to receive Community Development Block Grant (CDBG) funds. Additionally, properties must contain or propose to contain, businesses that either serve at least 51% low-moderate income residents or create/retain jobs for low and moderate-income residents. In the case of job creation, at least 51% of the jobs created/retained must be made available to low-to moderate income residents. The preceding criteria must remain in effect for five (5) years following grant approval.

If CDBG assisted properties are sold within five (5) years of receiving assistance, the County has the right to recapture grant funds on a declining percentage point basis (e.g. 100%, 80%, 60%, 40%, 20%). (See Affidavit 4).

APPLICANT

Any business property owners, merchant lease holders (with the property owner's approval) or municipalities may apply for a Commercial Revitalization Program Grant. To be eligible, a property owner must notify all tenants of the improvement.

The goals of the program are to:

1. To promote activities benefiting low and moderate income persons through area benefit activities and job creation or retention activities. (Note: Job Creation Goal – one new job for every \$35,000 with at least 51% of new permanent jobs for low and moderate income persons.)

2. To promote activities which aid in the prevention or elimination of slums or blight on an area basis, on a spot basis and in an urban renewal area.
3. To promote activities designed to meet community development needs having a particular urgency.

FUNDING FOR PROPERTIES LOCATED WITHIN UNINCORPORATED MIAMI-DADE COUNTY AND NON-ENTITLEMENT CITIES

Property owners with projects located within unincorporated Miami-Dade County and non-CDBG entitlement cities may receive funding from Miami-Dade County provided that they comply with CDBG and program criteria.

The applicant must contribute a minimum of 10% of the total cost of the approved OCED budget. Said 10% must be submitted to Miami-Dade County. **The applicant is responsible for all additional costs beyond the approved project amount.** The County's maximum grant is \$100,000 per project.

FUNDING FOR PROPERTIES LOCATED WITHIN CDBG ENTITLEMENT CITIES **(Cities of Miami, Hialeah, North Miami and Miami Beach)**

County funds are subject to participation by municipalities. A copy of the Municipality award letter must be submitted with the completed CRP Application. Grant applicants with eligible properties that are located within a CDBG-entitled municipality qualify for partial funding from Miami-Dade County's Office of Community and Economic Development.

Projects located within the following:

- City of Miami – 25% by the County, 75% by the City. The County's share cannot exceed \$50,000.
- City of Hialeah – 25% by the County, 40% by the City, 35% by the applicant. The County's share cannot exceed \$50,000.
- City of North Miami – 35% by the County, 35% by the City, 30% by the applicant. The County's share cannot exceed \$25,000.
- City of Miami Beach – 15% by the County, 35% by the City, 50% by the applicant. The County's share cannot exceed \$15,000.

The municipality will act as the monitoring agency (for compliance with Davis-Bacon and Labor Standards). The County will disburse its portion of the project funds upon the municipality's submittal of a certificate of completion, certificate of occupancy and all other compliance information as required by the CDBG guidelines. **The County is not responsible for any cost overruns in excess of the contract amount.**

ELIGIBLE AREAS

The program is designed to assist in the commercial redevelopment of property located in Miami-Dade County's: (1) State Enterprise Zone, (2) Federal Enterprise Community-Empowerment Zone, (3) Community Development Focus Areas, (4) Eligible Block Groups and (5) Neighborhood Revitalization Strategy Area (NRSA) or Targeted Urban Area (TUA).

The program may also participate by providing partial funding on projects located within the following entitlement cities: City of Miami, City of Miami Beach, City of North Miami Beach, and City of Hialeah.

DESIGN STANDARDS

The design concept is the specific architectural style under which a particular commercial property will be rehabilitated by reflecting the character considered appropriate for the building and the neighborhood. Where feasible, the design concept should bring to the impacted zone, architectural coherence, harmony and restraint.

The design concept must be approved by the respective governmental agencies and requires approval by the owner for adaptation on the property.

The program does not focus on the revitalization of the individual buildings. It encourages pedestrian movement by introducing the use of exterior pedestrian-oriented elements such as landscaping and shading devices.

HISTORIC DESIGN STANDARDS

Buildings that are fifty (50) years old or older will be subject to review by the County's Division of Historic Preservation. If the building is determined to be of historic or architectural significance, then the revitalization will need to conform to the Secretary of Interior standards, as well as local design standards. Also, an architect experienced in historic preservation will need to be selected for the project.

Commercial Revitalization projects of historic structures may also be eligible for historic preservation funding.

ARCHITECT SELECTION

After project approval by Miami-Dade County, an applicant shall select his/her own qualified architect. OCED and/or applicant will obtain a minimum of three (3) proposals. The County will review the proposals against its own estimates. The architect selection will be based on professional qualifications, knowledge and experience of local architecture. It is anticipated that the architect's fee shall be between 10%-15% of the Owner's/General Contractor's contract amount. It is the owner's responsibility to conduct a review of the architect's background and to follow up on project references. A standard A.I.A. (American Institute of Architects) form is

entered into between the Applicant and the Architect. Although Miami-Dade County is not a party to the contract, it has the right to refuse to make payment to any consultants.

To ensure a product with a highest level of quality, all drawings must contain specifications of all material used in the construction of the project.

The architect is responsible for preparing sketches; working drawings; specifications; processing, permitting and revising plans; preparing all necessary information and material; preparing cost estimates; and obtaining the required permits.

The architect is also required to conduct regular site observations (once a week minimum); prepare field reports; review pay requests and attend meetings. Additionally, the architect must be available to answer questions from the Contractor and/or Miami-Dade County staff and Municipality staff. The architect will enter into a contract with the applicant in substantially the same form as Attachment B. OCED will participate in contract negotiations.

Miami-Dade County acts solely in a monitoring and technical assistance capacity, and may disburse payments to the architect with owner-approval (less a 10% retainage that is held until final Certificate of Completion is obtained).

CONTRACTOR SELECTION

An applicant shall select his/her qualified General Contractor. OCED and/or applicant will obtain a minimum of three (3) proposals. The County will review the proposals against its own estimates. The applicant can accept any proposal that is within 10% of the County estimate. The County's estimate will not be revealed to the applicant or the contractor. It is the applicant's responsibility to conduct a review of the General Contractor background and to follow up on project references. A standard A.I.A. General Construction/Owner Agreement is entered into between the Applicant and the General Contractor. Although Miami-Dade County is not a party to the contract, it has the right to refuse to make payment to any consultants. Any contractor that breaches said contract will be automatically debarred from future government contracts. The Owner/Contractor Agreement shall contain all applicable federal requirements including the Davis-Bacon Act, Affirmative Action, and use of lead-free and mercury-free paints.

The County shall act solely in a monitoring and technical assistance capacity, and shall disburse payments to contractors and architects with applicant's approval. Any work performed by the Contractor, that is outside the contracted scope of work (as per Owner/Contractor Agreement) will not receive funding from Miami-Dade County.

Any general contractor selected for a commercial revitalization project must be licensed and insured. The General Contractor will enter into a contract with the Applicant.

APPLICATION REVIEW AND SELECTION PROCESS

The CRP advertises for applications and screens them for completeness and eligibility under program and federal guidelines. The CRP staff will review all submitted applications to determine whether the criteria for the requested funding assistance is met, and will recommend to the Commercial Revitalization Project Selection Committee those projects which are worthy of consideration.

The Commercial Revitalization Project Selection Committee is appointed by the Director of the Office of Community and Economic Development (OCED).

Once a proposed property has been selected, the applicant will be notified. The award letter will include a copy of the OCED approved budget and scope of work. Staff will then prepare an estimate and determine the preliminary project costs. After the architectural contract has been awarded, the Architect, the Applicant, and the County will meet to approve the final renovation work. The project architect, the applicant, and the County will meet and develop an agreed-upon write-up for the final renovation work.

COMMERCIAL REVITALIZATION PROJECT SELECTION COMMITTEE

In an effort to obtain the highest level of quality design with a comprehensive design approach, a Project Selection Committee (PSC) will be responsible for the selection and review of all properties proposed and found worthy of consideration. The Committee will be comprised of not less than seven (7) members with professional experience in the areas of Architecture, Landscape Architecture, Engineering; Planning; an individual versed in historic architecture; and an American with Disabilities Act (ADA) specialist.

PROJECT EVALUATION & SELECTION PROCESS

The Office of Community and Economic Development will evaluate applications in the following manner:

1. OCED will place an advertisement in a local community newspaper of general circulation. The advertisement will appear for up to 3 days. It will identify the area for which applications are being accepted and will contain a deadline date by which applications must be received. Applicants will be required to submit photographs of the proposed rehabilitation project (North, South, East and West Elevations); submit schematics of the proposed rehabilitation work; and include a cost estimate prepared by an architect.
2. Applications submitted after the initial deadline will be held in an application back-up pool. Back-up applications may be considered subject to availability of funds. Once the applications are received, staff will review each application to ensure that it is complete and meets the eligibility criteria. Only the applications, which clearly meet program guidelines, will be recommended for further evaluation.
3. A date will be set for the Project Selection Committee's (PSC) to review the application and the applicants will be notified of the date.

4. Presentations will be made to the PSC.
5. Eligible applications will be reviewed and evaluated by the PSC based upon (1) property location, (2) need for rehabilitation, (3) visual impact and (4) cost. Thereafter, selected applications will undergo a second review intended to focus on design and enrichment of the area.
6. Applicants will be notified of approved/rejected projects.
7. Architects will develop and finalize their conceptual drawings into final working drawings and specifications. A cost estimate with the submitted revisions will be included.
8. Federal wage determination for each project will be requested.
9. Staff construction estimates for each project will be prepared.
10. Architect will hold a pre-bid meeting, with contractors and staff, at the construction site to review scope of work and answer questions.
11. Miami-Dade County will conduct a pre-construction conference with the applicant, architect and owner-selected contractor, to execute agreement: AIA Owner-Architect Agreement, AIA Owner-Contractor Agreement. Miami-Dade County will explain applicable County, State and Federal regulations (including Davis-Bacon Act), and will also explain the process of disbursement of funds.
12. Notice to Proceed and Notice of Commencement for each project will be prepared.
13. Inspections to monitor for compliance with Davis-Bacon and other regulations, and for construction progress will be conducted periodically.
14. Federal and project compliance paperwork will be reviewed.
15. Invoices will be reviewed and verified for completed work against requests for payment. Releases of liens and paid receipts for material must accompany invoices for payment. Applicant and Architect signatures will be required before payment is released. Applicant and Architect must ensure that all pertinent compliance forms are attached to the request for payment prior to approving the request.

COMMERCIAL REVITALIZATION PROGRAM SEAL

Upon completion of the rehabilitation of any commercial or industrial property, the Commercial Revitalization Program Emblem will be installed on the storefront (if a sticker) or on the entrance to the doorway (plaque/tile).

COMMERCIAL REVITALIZATION PROGRAM, FY 2005

APPLICATION

I. APPLICANT INFORMATION:

Address of Property: _____

Name of Applicant: _____ Owner: () Lessee: ()

Applicant Mailing Address: _____

Name of Property Owner: _____

Property Owner Mailing Address: _____

Name of Business: _____

Type of Business: _____

Home Telephone: Applicant: () _____ Property Owner: () _____

Business Telephone: Applicant: () _____ Property Owner: () _____

Facsimile Number: Applicant: () _____ Property Owner: () _____

E-mail Address of: Applicant: () _____

Property Owner: () _____

II. TYPE OF PROPERTY OWNERSHIP:

How many years in this business: _____

Individual [] Partnership [] Other []

Corporate/Profit [] Corporate/Non-Profit []

If ownership is other than individual, list the name, title, and address of partners or officers in Lessee's joint, corporate or partnership entity.

NAME	TITLE	ADDRESS

III. TYPE OF BUSINESS OWNERSHIP AND/OR MANAGEMENT:

Individual: [] Family: [] Trust: []

Other: [] _____

IV. EMPLOYMENT STATUS:

Current Number of Employees: _____

Current Number of Employees living in the same neighborhood: _____

Current Female Employees: _____ Current Male Employees: _____

White _____ Black _____ African American _____ Asian _____ American Indian/Alaskan Native: _____
 Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native & White _____ Asian & White _____ Black African American & White _____
 American Indian/Alaskan Native & Black African American _____ Other Multi-Racial _____ Asian/Pacific Islander _____ Hispanic _____

V. PROPERTY INFORMATION

LOCATION

Street Address: _____

Municipality: _____ Zip Code: _____

County District No.: _____ Municipality District No.: _____

Name prominent buildings near your property and approximate distance:

Other Conditions

Certificate of Occupancy Number: _____

Certificate of Occupancy Date: _____

Name appearing on Certificate of Occupancy: _____

VI. PHYSICAL DESCRIPTION:

SET BACKS

Distance from front property line to nearest front façade: _____

Distance from right side property line to nearest front façade: _____

Distance from left side property line to nearest front façade: _____

Distance from rear property line to nearest front façade: _____

DIMENSIONS

No. of stories: _____ No. of facades: _____

Front façade: Length: _____ feet, Height: _____ feet, Adjusted Square feet: _____

Right side façade: Adjusted square feet: _____

Left side façade: Adjusted square feet: _____

Rear façade: Adjusted square feet: _____

Building (total covered area): _____ (square feet)

Lot (total area): _____ (square feet)

Open space (total area): _____ (square feet)

FEATURES

Existing parking area for _____ cars at (front) (rear) (side) yard

Existing landscaping (including right of way): Yes: ____ No: ____ Number of adult trees: ____

Existing private storm sewer system: Yes: ____ No: ____

Existing public storm sewer system: Yes: ____ No: ____

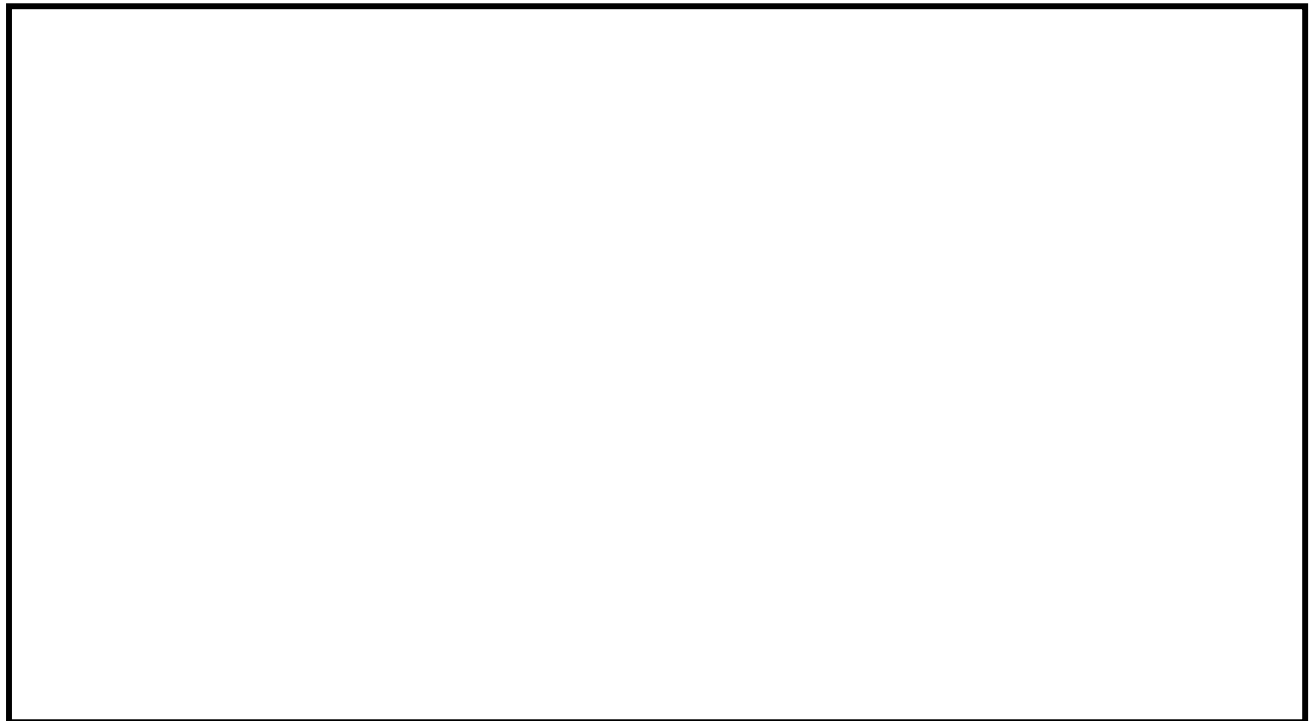
Existing underground tanks or other types of storage: No: ____ Yes: ____, if Yes, please describe:

Location Sketch: Indicate street names, the approximate distance from the building to the nearest street intersection, and list other important buildings close to your building indicating approximate distances. Provide sketch and other information on separate page.

PHOTOGRAPHS OF THE PROPOSED PROJECT:

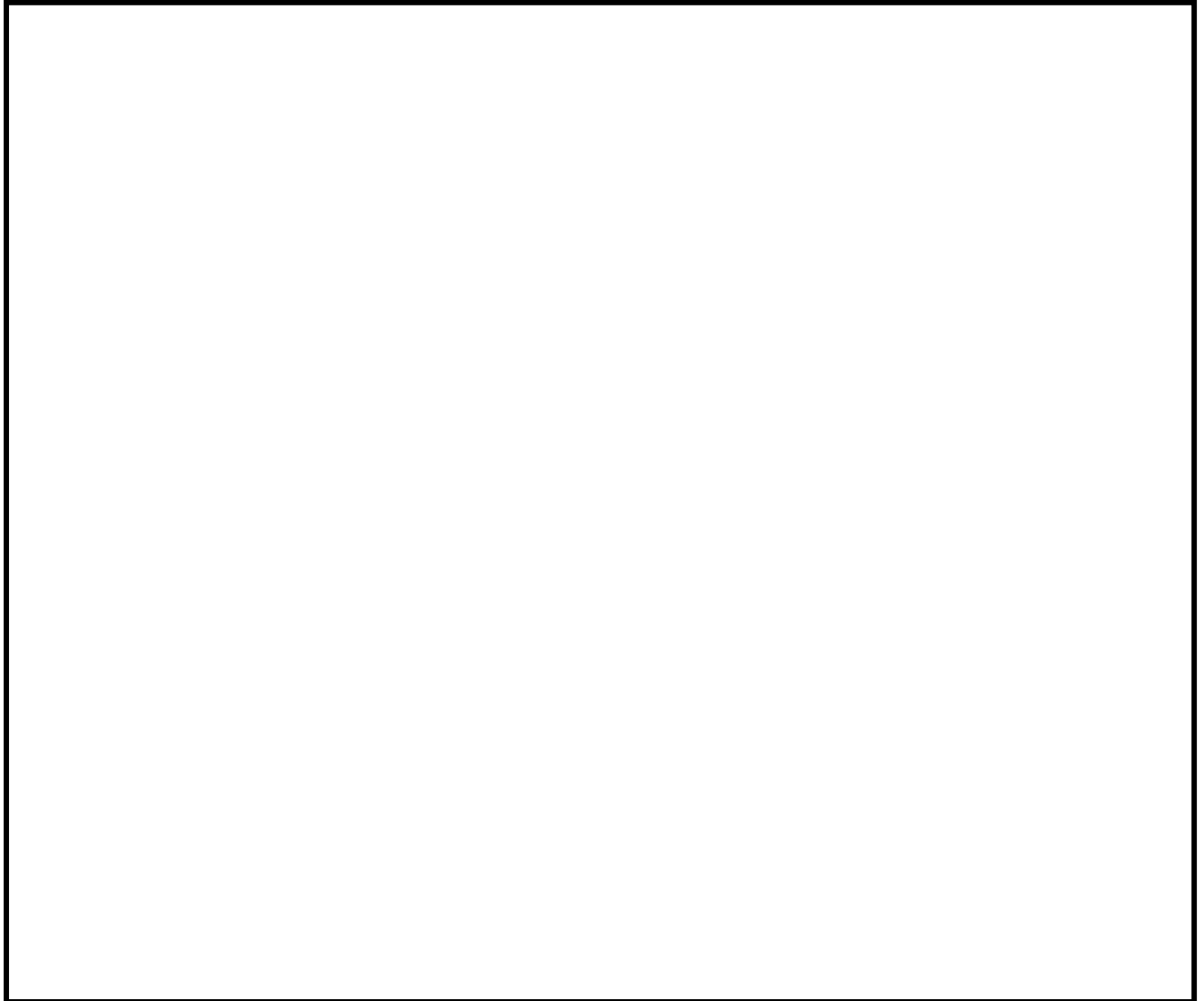
(A minimum of four photographs must be attached)

Façade Front View (close-up)



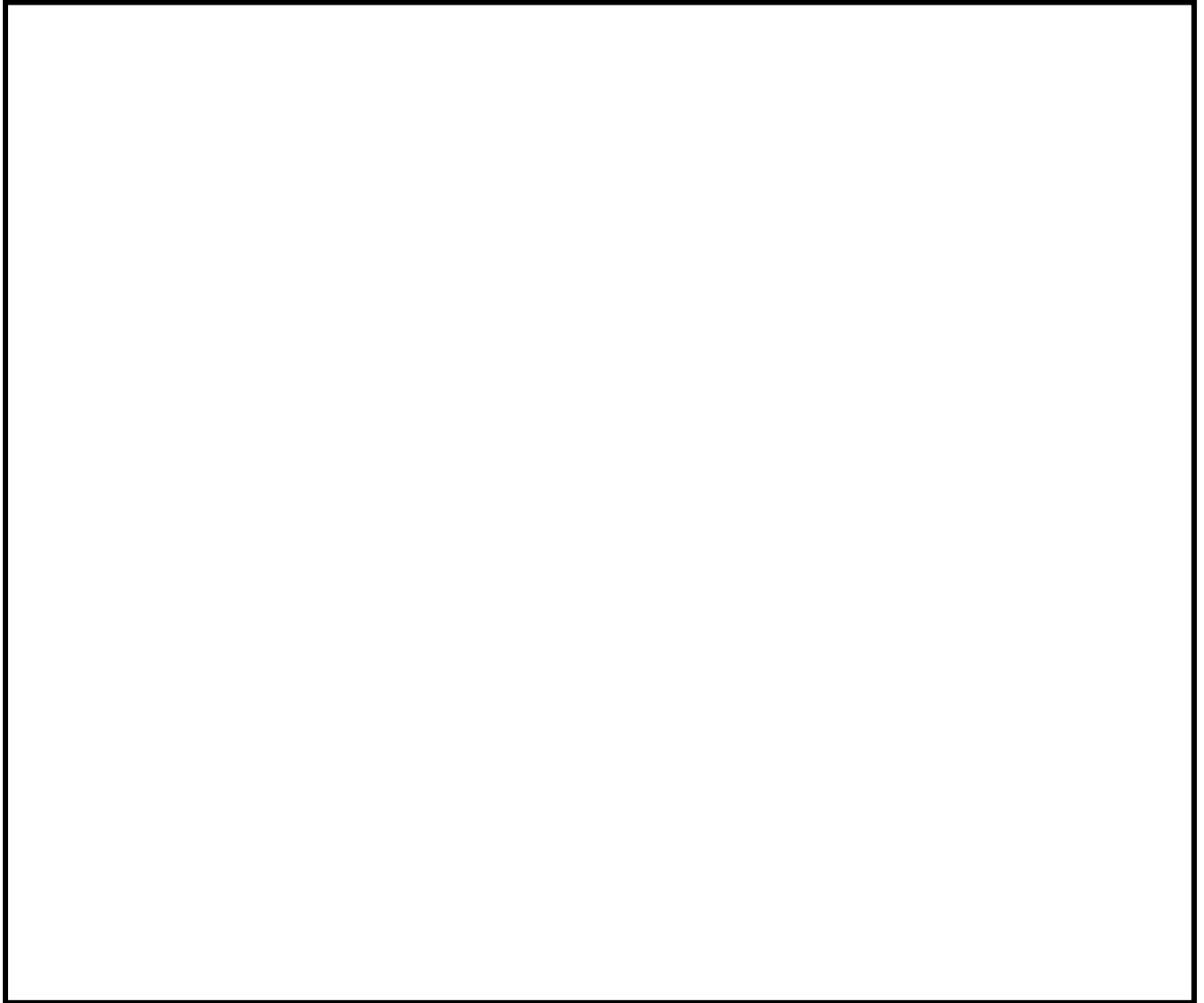
Note: Photographs must show sharp and clear images.

Block Front View, on same side of street



Note: Photographs must show sharp and clear images.

Block Front View, Across the Street from the Property



Note: Photographs must show sharp and clear images.

Other



Note: Photographs must show sharp and clear images.

VII. PROPOSED REHABILITATION INFORMATION:

Describe the proposed improvements. Use additional sheet if needed:

VIII. SCOPE OF WORK: Please check all items in need of improvement:

	<u>NEW</u>	<u>REPAIR</u>
FACADES: Number of facades (1), (2), (3), (4)		
Roof parapets	()	()
Canopy	()	()
Stucco work (wall repair)	()	()
Paint	()	()
Tile or other wall decorations	()	()
Doors	()	()
Windows	()	()
Lighting on wall or soffit	()	()
Awnings	()	()
Sign on wall	()	()
Other	()	()
.....	()	()
.....	()	()

SITE WORK:

	<u>NEW</u>	<u>REPAIR</u>
Walkway: Tile (), Conc () Other ()	()	()
Parking pavement: Asphalt () Other ()	()	()

NEW

REPAIR

Fence gates..... ().....()
Landscape, pot landscape ().....()
Exterior Lighting..... ().....()
Sign on wall ().....()
A.D.A: stairs, ramps..... ().....()
Loading dock ().....()
Other: _____ ().....()
_____ ().....()
_____ ().....()

		Date	Date
Item No.	Item Description FACADES	Proposed Estimated Cost	CRP Revised Estimated Cost
1	Roof parapets		
2	Canopy		
3	Stucco Work		
4	Tile Veneer or other		
5	Doors		
6	Windows		
7	Lights on wall or soffit		
8	Awnings		
9	Sign on wall		
10	Other		
11			
12			
13			
TOTAL			

X. PROPOSED CONSTRUCTION SUMMARY:

1. Cost of Rehabilitation:

a. Total estimated rehabilitation costs. (Attach estimate breakdown)

\$ _____

b. Cost estimate by: Owner () General Contractor () Sub Contractor ()

2. Estimated rehabilitation time (calendar days): _____

3. Is the business/building ready for immediate rehabilitation? Yes () No ()

4. If not, provide a start date: _____

XI. AGREEMENTS AND CERTIFICATIONS:

The undersigned is applying for the grant indicated in this application for improvements to the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and made for the purpose of obtaining the grant.

Penalty for False Statement- Section 21-24.1 of the code of Miami-Dade County provides: "it shall be unlawful of any person directly or indirectly on his own behalf or on behalf of another to others to make or file with any officer or employee or department or division of the County any false statement or representation with knowledge of the falsity thereof and for the purpose or with the intention of receiving for himself or another or others any benefits..." "Violation of the above provision is punishable by a fine not to exceed five hundred dollars or by imprisonment in the County jail for a period not to exceed sixty days or both."

The undersigned understands and agrees that all records received by Miami-Dade County in connection with this program will be public records, pursuant to the Florida Statutes. The undersigned further agrees to permit an engineer to perform an inspection of the property proposed to be rehabilitated under the Miami-Dade Commercial Revitalization Program. The fundamental purpose of the inspection is to determine, in reasonable fashion, the general structural condition of the building under consideration for a commercial rehabilitation grant.

THIS IS CERTIFIED BY MY SIGNATURE:_____
Applicant's Signature_____
Print Applicant's Name_____
Owner's Signature_____
Print Owner's Name_____
Date:_____
Date:

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Public – State of _____

Notary Seal:

AFFIDAVIT I

PUBLIC BENEFIT CERTIFICATE

THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS SUBJECT TO VERIFICATION BY AUTHORIZED GOVERNMENT OFFICIALS.

Name of Employer: _____

Address: _____

Phone Number: _____ Federal ID# _____

Business Owner: _____

Type of Business: _____

The undersigned hereby certifies that, _____ provides the following products or services to the community: _____

Services:

- ☐ Serve a critical need in the neighborhood.
- ☐ Benefit the residents in the neighborhood and at least 51% if those residents are Low-Moderate income persons
- ☐ Alleviate serious existing conditions that are immediate threats to the health or welfare of the community.
- ☐ Residents would have to go out of the community to obtain these services if my business were to close its doors.

THIS IS CERTIFIED BY MY SIGNATURE:

_____ Applicant's Signature	_____ Print Applicant's Name	_____ Date
_____ Property Owner's Signature	_____ Print Property Owner's Name	_____ Date
_____ Property Owner's Signature	_____ Print Property Owner's Name	_____ Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Public – State of _____

Notary Seal:

AFFIDAVIT 2**JOB CREATION/RETENTION CERTIFICATE**

THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS SUBJECT TO VERIFICATION BY AUTHORIZED GOVERNMENT OFFICIALS.

Name of Applicant: _____

Address: _____

Phone Number: (____) _____ Federal ID#: _____

Type of Business: _____

Number of Jobs Anticipated to be Created: _____ Retained: _____

I understand that the goal of the Federal Government in the area of job creation is to assist in creating jobs for low and moderate-income persons. CDBG guidelines require that a minimum of one (1) full-time permanent job be created or retained for every \$35,000 of CDBG funds used. It is the intent of the business named above to willingly attempt to recruit at least 51% of its employees resulting from this assistance, to meet the federal definition of very low and low-moderate income levels, as set forth in the chart shown below.

LOW AND MODERATE INCOME LIMITS BY FAMILY SIZE

FAMILY SIZE	VERY LOW	LOW-MODERATE
1	\$16,850	\$27,000
2	\$19,300	\$30,850
3	\$21,700	\$34,700
4	\$24,100	\$38,550
5	\$26,050	\$41,650
6	\$27,950	\$44,750
7	\$29,900	\$47,800
8 or more	\$31,800	\$50,900

THIS IS CERTIFIED BY MY SIGNATURE:

Applicant's Signature

Print Applicant's Name

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AFFIDAVIT 3

APPLICATION CONTRIBUTION CERTIFICATE

Applicant Name: _____

Address: _____

Telephone Number: (____) _____

The undersigned applicant hereby commits to contribute \$_____ from funds towards the completion of the commercial rehabilitation project. I understand that I must contribute a minimum of ten percent (10%) of the total determined project cost or the project will not be considered. Furthermore, I also understand that this amount must be disbursed prior to the disbursement of any County funds.

THIS IS CERTIFIED BY MY SIGNATURE:

_____	_____	_____
Applicant's Signature	Print Applicant's Name	Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AFFIDAVIT 4

AGREEMENT FOR REIMBURSEMENT UPON EVENT OF SALE

Comes now _____ who, is
being duly sworn, deposes and states as follows:

1. I, the owner(s) of the property located at: _____

2. I agree that if said property which has been rehabilitated with CDBG Funds is sold within five (5) years of receiving assistance, the County has the right to seek reimbursement of grant funds.
3. I agree that if said property is sold, the County has the right to recoup grant funds on a declining percentage point basis as outlined below:

Within the first year 100% will be reimbursed
Within the second year 80% will be reimbursed
Within the third year 60% will be reimbursed
Within the fourth year 40% will be reimbursed
Within the fifth year 20% will be reimbursed

THIS IS CERTIFIED BY MY SIGNATURE:

_____ Property Owner's Signature	_____ Print Property Owner's Name	_____ Date
_____ Property Owner's Signature	_____ Print Property Owner's Name	_____ Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 200____.
by _____. *He/she is personally known to me or has presented*
_____ as identification number: _____.

(Print or Stamp of Notary):

Expiration Date: _____

Notary Seal:

Notary Public – State of _____

AUTHORIZATION TO APPLY AND CONTRACT SERVICES

Notary Public – State of _____